EXHIBIT C

JASON M. GALLINA, M.D., P.C.

Orthopaedic Spine Surgery

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Patient: SHAARILLE LINZY Date of Birth: 11/15/1988 Sex: Female MRN: 00029639

Provider: Jason Gallina, MD Referring Provider: Date of Visit: 06/22/2022

Chief Complaint

Neck Pain with radiating arm pain. Low Back Pain with radiating leg pain

History of Present Illness(HPI)

This is a very nice patient who was involved in a motor vehicle accident on 12/5/2019. They were taken to the emergency room at Jacobi Medical center, where they were evaluated and treated.

They are complaining of low back pain with right greater than left radiating leg pain. This is associated with numbness and paresthesias down the leg. They have been treated with oral pain medications, physical therapy, acupuncture, chiropractic care. They have been treated with lumbar epidural injections. They have received a total of 1 injections. These injections gave them temporary transient relief of their pain, but their pain ultimately returned.

She is status post a left sided L4-L5 hemilaminotomy performed on 4-6-21 at NYU-TISCH Hospital. She denies any fever chills and incisional pain. Her pre-operative symptoms are resolving. She is here for an incision check. She is not complaining of left leg pain and resolved. Left sided calf numbness. She describes right leg symptoms that are her main complaint.

They are also complaining of neck pain with right greater than left radiating arm pain. This is associated with numbness and paresthesias down the arm. They have been treated with oral pain medications, physical therapy, acupuncture, chiropractic care.

Current Medications Reviewed

Keflex 250 MG Oral Capsule

Started 04/14/2021

1 Capsule; Oral; Every 6 Hours; Duration is 14 Day(s); 56.0 Capsule Quantity; Substitutions is Allowed; Do not fill before: 04/14/2021; WALGREENS DRUG STORE #17499, 691 CO-OP CITY BOULEVARD, BRONX, NY, 104751673, Tel:(718)862-2847, Fax:(718)379-6480; Jason Gallina, 135 Madison Ave 5th Floor, 5th Floor, New York, NY, 10016, Tel:(212)616-4130, Fax: (212)983-0483; Written Date 04/14/2021; Updated Date 04/14/2021;

Colace 100 MG Oral Capsule

Started 04/14/2021

1 Capsule; Oral; As Needed PRN; Duration is 30 Day(s); 30.0 Capsule Quantity; Substitutions is Allowed; 3 Refill(s); WALGREENS DRUG STORE #17499, 691 CO-OP CITY BOULEVARD, BRONX, NY, 104751673, Tel:(718)862-2847, Fax: (718)379-6480; Jason Gallina, 135 Madison Ave 5th Floor, 5th Floor, New York, NY, 10016, Tel:(212)616-4130, Fax:(212)983-0483; Written Date 04/14/2021; Updated Date 04/14/2021;

oxyCODONE-Acetaminophen 5-325 MG Oral Tablet Started 04/14/2021

1 Tablet; Oral; Every 4 Hours; Duration is 7 Day(s); 42.0 Tablet Quantity; Substitutions is Allowed; Do not fill before: 04/14/2021; WALGREENS DRUG STORE #17499, 691 CO-OP CITY BOULEVARD, BRONX, NY, 104751673, Tel:(718)862-2847, Fax: (718)379-6480; Jason Gallina, 135 Madison Ave 5th Floor, 5th Floor, New York, NY, 10016, Tel:(212)616-4130, Fax:(212)983-0483; Written Date 04/14/2021; Updated Date 04/14/2021;

Muscle Relaxers Motrin

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Current Allergies

No Known Allergies

Past Medical History / Current Problems / Reviewed

Hypertension: ICD9:401.9 ICD10:I10 SNOMED:38341003

Status is Current;

Social History V Reviewed

Adult Social History -Detailed

Smoking Status (MU)

Smokes: Yes

Smoking Status (MU) Smoking Status: Current some day smoker

Family

Need Interpreter? Need Interpreter: No

Use of Drugs/Alcohol/Tobacco

Do you drink alcohol Do you drink alcohol?: occasionally, socially

Surgical History

Reviewed

She is status post a left sided L4-L5 hemilaminotomy performed on 4-6-21 at NYU-TISCH Hospital.

Dr. Gallina;

Physical Exam

Abnormal Cervical and Abnormal Lumbar Exam

Cranial Nerve Examination

Showed excellent ocular fixation without eye deviation and a full range of eye movements without nystagmus. Pupils were symmetrical and briskly responsive to light stimulation. Facial movements were symmetrical and hearing was grossly normal. There were no problems with oro-motor function. Visual fields were grossly normal

Cervical Spine (Abnormal)

_ There is tenderness to palpation of the cervical spine musculature associated with muscle spasms

Cervical Range of Motion (in degrees) (Abnormal)

	Movement	Degrees	Normal
Cervical Spine	Anterior flexion	30 degrees with pain	0-60 normal
Cervical Spine	Extension	20 degrees with pain	0-60
Cervical Spine	Left lateral rotation	40 degrees with pain	0-80
Cervical Spine	Left lateral flexion	35 degrees with pain	0-50
Cervical Spine	Right lateral rotation	30 degrees with pain	0-80
Cervical Spine	Right lateral flexion	25 degrees with pain	0-50
-	All range of motion measu where pain was reported.		sing the examinee beyond the poin

Lumbar Spine (Abnormal)

- There is tenderness to palpation of the lumbar spine musculature and muscle spasms

Lumbar Range of Motion (in degrees) (Abnormal)

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	Movement	Degrees	Normal
Lumbar Spine	Forward flexion	30 degrees with pain	0-90 normal
Lumbar Spine	Extension	10 degrees with pain	0-25
Lumbar Spine	Left lateral flexion	10 degrees with pain	0-25
Lumbar Spine	Right lateral flexion	10 degrees with pain	0-30
-	All range of motion measurements were made without forcing the examinee beyond the powere pain was reported.		sing the examinee beyond the point

Motor System

- There is no muscle atrophy. Posture is erect

Cervical Manual Muscle Testing - Abnormal

	Right	Left
Shoulder Adduction	5/5	5/5
Shoulder Abduction	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Flexion	5/5	5/5
Elbow Extension	5/5	5/5
Wrist Extension	5/5	5/5
Wrist Flexion	5/5	5/5
Finger Extension	5/5	5/5
Finger Flexion	5/5	5/5
Finger Adduction	5/5	5/5
Finger Abduction	5/5	5/5
Thumb Radial Abduction	5/5	5/5
Thumb Opposition	5/5	5/5
Abduction 5 Finger	5/5	5/5

Lumbar Manual Muscle Testing - Abnormal

	Right	Left	
Hip Flexion	5/5	5/5	
Hip Extension	5/5	5/5	
Thigh Abduction	5/5	5/5	
Thigh Adduction	5/5	5/5	
Knee Flexion	5/5	5/5	
Knee Extension	5/5	5/5	
Ankle Dorsiflexion	5/5	5/5	
Ankle Plantarflexion	5/5	5/5	
Ankle Eversion	5/5	5/5	
Ankle Inversion	5/5	5/5	
Extensor Hallucis Longus	5/5	5/5	

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Neurology Provocative - Abnormal

	Right	Left
Straight Leg Raise	Positive with Back Pain	Positive with Back Pain
Contralateral Straight Leg Raise	Negative	Negative
Femoral Stretch Test	Negative	Negative
Spurling Sign	Positive	Positive
Lhermitte's Sign	Negative	Negative
FABER/Patrick	Negative	Negative

Gait - Abnormal

_ The patient's gait appears to be asymmetric and abnormal. The patient is able to heel walk and toe walk

Cerebellar Examination (Coordination)

- Finger-nose-finger function is normal. Rapid alternating movements involving pronation and supination (Dysdiadochokinesia) is normally performed, as well as rapid succession movements involving apposition of thumb to the other four fingers. Heel to shin coordination testing is normal. Romberg's test was negative

Sensory Examination - Abnormal

Was normal bilateral arms and lower legs

Reflexes - Abnormal

	Right	Left
Biceps	1	1
Brachioradialis	2	2
Triceps	2	2
Patellar	2	2
Achilles	Absent	Absent
Babinski's Test	Flexor	Flexor
Hoffman Sign	Negative	Negative
Clonus	Negative	Negative

Pulses

	Right	Left
Radial	Present	Present
Ulna	Present	Present
Dorsalis Pedis	Present	Present
Posterior Tibial	Present	Present

Orthopedics

Lumbar Spine:

An MRI of the lumbar spine performed on 1-28-20 reveals a left sided disk herniation.

Xray of the lumbar spine performed on 6.21.22 reveals no instability.

MRI of the lumbar spine performed on 6.21.22 reveals a left-sided L4-L5 microdiscectomy with no residual stenosis.

Cervical Spine:

An MRI of the cervical spine performed on 1-28-20 reveals no surgical disk herniation.

Assessment

Lumbar disc herniation (M51.26)

Condition: Chronic

Assessment:

She is status post a left sided L4-L5 hemilaminotomy performed on 4-6-21 at NYU-TISCH Hospital.

Plan:

In terms of the lumbar spine:

The patient will continue physical therapy for their lumbar spine in 2 weeks time.

She currently lives in Georgia and comes to NYU for her treatment. Her injection may be delayed because she would get that injection when she returns back to NY on a visit.

The patient is 100% Temporarily Disabled.

Cervical disc herniation (M50.20)

Assessment: Neck pain with bilateral, right greater than left, radiating arm pain.

Plan:

In terms of the cervical spine:

I am recommending that the patient continue conservative treatment consisting of physical therapy, anti-inflammatory medication, pilates and/or yoga.

I am recommending xrays of the cervical spine.

I am recommending that the patient obtain a pain management consult for an epidural steroid injection.

ICD: Disc displacement, lumbar (M51.26) ICD: Cervical disc herniation (M50.20)

Charge Capture

99215 (D1: M51.26; D2: M50.20)

Jason Gallina, M.D.

fl.s.

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JASON M GALLINA MD PC

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Physical Therapy Referral - Lumbar

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Modalities

Whirlpool	-	
Pool	-	
Traction	-	
Hot packs	X	
Electric stimulation	X	
As needed	-	
Cold packs	X	
Massage	X	
Ultrasound	X	

Goals

Decrease pain	X
Increase motion	X
Increase strength	X
Soft tissue/joint mobilization	X

Additional Details

Frequency 3/week

Duration 6 weeks

fl.s.

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